



Change of Beneficiary

Active Member

Public Employees' Retirement Fund

State Form 1856 (R2 3/98)

Approved by the State Board of Accounts 1998

Member's Name: First, Middle, (Maiden), Last	Member's Social Security Number
Member's Address: Street	City State ZIP

You have the right to change your primary and/or contingent beneficiary or beneficiaries at any time while in active employment. Your beneficiary or beneficiaries can only be changed by filing this form with PERF at the following address:

Public Employees' Retirement Fund
143 West Market Street
Suite 800
Indianapolis, IN 46204

In lieu of an individual, you may name a trust or legal entity as a beneficiary. According to the IRS Code, Section 6041(A), this agency is required to obtain your Social Security Number. This form cannot be processed without it. In addition, you must furnish PERF with the name, address, and Social Security Number or Tax Identification Number of each beneficiary. If you wish to name additional beneficiaries, you may attach pages containing the necessary information. Each page must be signed and witnessed.

This Change of Beneficiary revokes and replaces all previously named beneficiaries. You must list everyone that you wish to name as a beneficiary.

Primary Beneficiary

Beneficiary's Name: First, Middle, (Maiden), Last	Beneficiary's Social Security Number or Tax Identification Number
Beneficiary's Address: Street	City State ZIP
Beneficiary's Date of Birth	Beneficiary's relationship to member

Contingent Beneficiary

Beneficiary's Name: First, Middle, (Maiden), Last	Beneficiary's Social Security Number or Tax Identification Number
Beneficiary's Address: Street	City State ZIP
Beneficiary's Date of Birth	Beneficiary's relationship to member

I revoke all beneficiaries previously designated by me and hereby designate the aforelisted beneficiary or beneficiaries

Member's Signature

Witnessed by

Date

Address